

# Health Advisory:

## Immunization Recommendations for Hurricane Emergency Responders

September 2, 2005

This document will be updated as new information becomes available. The current version can always be viewed at <http://www.dhss.mo.gov>

The Missouri Department of Health & Senior Services (DHSS) is now using 4 types of documents to provide important information to medical and public health professionals, and to other interested persons:

**Health Alerts** convey information of the highest level of importance which warrants immediate action or attention from Missouri health providers, emergency responders, public health agencies, and/or the public.

**Health Advisories** provide important information for a specific incident or situation, including that impacting neighboring states; may not require immediate action.

**Health Guidances** contain comprehensive information pertaining to a particular disease or condition, and include recommendations, guidelines, etc. endorsed by DHSS.

**Health Updates** provide new or updated information on an incident or situation; can also provide information to update a previously sent Health Alert, Health Advisory, or Health Guidance; unlikely to require immediate action.

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September 2, 2005

**FROM: JULIA M. ECKSTEIN  
DIRECTOR**

**SUBJECT: Interim Immunization Recommendations for Emergency Responders: Hurricane Katrina**

### Required immunizations:

1. Tetanus and diphtheria toxoid (receipt of primary series, and Td booster within 10 years)\*.
2. Hepatitis B vaccine series for persons who will be performing direct patient care or otherwise expected to have contact with bodily fluids.

### There is no indication for the following vaccines given the anticipated conditions in the region:

- **Hepatitis A vaccine** (low probability of exposure, even under these conditions, in U.S.) No transmission from contaminated water has been identified in the U.S. since the 1980's. Hepatitis A outbreaks have not occurred following other hurricanes or floods in other parts of the country, including the devastating hurricanes in Florida last year, and the midwestern floods of the late 1990's. The Gulf Region has had few hepatitis A cases in recent years, with less than 10 in the past 3 months reported from the New Orleans area. Thus, even though the water and sewage systems are damaged or out of operation in many areas along the Gulf Coast, the risk of a hepatitis A epidemic is extremely low. Vaccine will take at least one to two weeks to provide substantial immunity.
- **Typhoid vaccine** (low probability of exposure, even under these conditions, in U.S.).
- **Cholera vaccine** (low probability of exposure, even under these conditions, in U.S., plus no licensed cholera vaccine available in the U.S.).
- **Meningococcal vaccine** (no expectation of increased risk of meningococcal disease among emergency responders).
- **Rabies vaccine** series (the full series is required for protection). Persons who are exposed to potentially rabid animals should be evaluated and receive standard post-exposure prophylaxis, as clinically appropriate.

\* It is not recommended to give a Td booster more frequently than every 10 years, because of the increased risk of local reactions. Those who choose to get a booster before due time, should be clearly informed of the possibility of local reaction (i.e. redness, swelling, pain, etc.) at the injection site.